

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rabaino's	CHAPTER 100.1
Address: 328 Hie Street, Kapaa, Hawaii, 96746	Inspection Date: February 13, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1, no evidence for the review of the plan of care. Monthly progress note reads, continue present plan of care. Annual physical examination (6/18/19) reads, "Recommend regular physical activity as appropriate, most days of the week." However, no physical activity listed for any day on the current plan of care/activity schedule (12/21/18).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of care updated on 2/14/2020. Physical activity such as active/passive ROM; walking in front of the house 3-4X a week included in the plan of care.</p> <p><i>Jacqui Polsonis</i></p>	2/14/2020

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1, no evidence care giver reported to physician wheel chair for toileting and fire drills. Physician examined resident (12/17/19). Resident still self-preserving (6/18/19).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Physician examined resident and self-preservation statement form updated. Resident is not ambulatory and not capable of following directions and taking appropriate action for self-preservation under emergency condition.</p>	<p>2/16/2020</p> <p><i>Jeanne Fabian</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1, no evidence that the resident and family was informed orally and in writing, of one (1) specific rate for services upon admission or after admission.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>CHD notified family orally and in writing the present specific rate for resident's services.</i></p> <p align="right"><i>John P. Palmeri</i></p>	<p align="center"><i>2/16/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bathroom #1, electric signaling device is not functional. Primary Care Giver lives on the second floor.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">Bathroom #1, electric signaling device functional during the day of inspection.</p> <p align="right"> <small>CHIEF OF CENTER</small> <small>DATE</small> <i>James Fabiano</i> <small>NOV 11 2020</small> </p>	<p align="center">2/13/2020</p>

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Licensee's/Administrator's Signature: Lorraine Rabano

Print Name: Lorraine Rabano

Date: 2/26/2020

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